

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period
from 01/01/2004
through 09/30/2004

Date of election if applicable:
(Month, Day, Year)

11/02/2004

RECEIVED

OCT 27 2004

City Clerk
City of Lodi

CALIFORNIA
2001/02
FORM 460

Page 1 of 5

For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☒ Ballot Measure Committee
☒ Primarily Formed
☐ Controlled
☒ Sponsored
(Also Complete Part 6.)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

Update Summary Page & Schedule F

3. Committee Information

I.D. NUMBER
1270860

COMMITTEE NAME

Yes on R. Local Businesses, Grocers and Community
Leaders for Fair Competition

STREET ADDRESS (NO P.O. BOX)

1040 W. Kettleman Lane, #205

CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95240 (209) 957-4917

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

555 Capitol Mall, Suite 1425

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 442-2952

OPTIONAL: FAX/E-MAIL ADDRESS

(209) 957-8602

Treasurer(s)

NAME OF TREASURER

Jodi Meier

MAILING ADDRESS

1040 W. Kettleman Lane, #205

CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95240 (209) 957-4917

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/20/04

Executed on 10/20/04

Executed on

Executed on

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Large Scale Retail Initiative

BALLOT NO. OR LETTER

JURISDICTION

☒ SUPPORT

☐ OPPOSE

R

City, Lodi

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from 01/01/2004 through 09/30/2004		CALIFORNIA FORM 460
Page 3 of 5		

NAME OF FILER

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

I.D. NUMBER

1270860

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 10,000.00	\$ 10,000.00
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 10,000.00	\$ 10,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 10,000.00	\$ 10,000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Expenditures Made	Schedule E, Line 4	\$ 5,223.00	\$ 5,223.00
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 5,223.00	\$ 5,223.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	27,583.96	27,583.96
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 32,806.96	\$ 32,806.96

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts	Column A, Line 3 above	10,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	5,223.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,777.00

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents		\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 27,583.96

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule F

Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	01/01/2004	
through	09/30/2004	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition		1270860

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
COGS Signs PMB 227, 2401 E. Orangeburg Avenue, #675 Modesto, CA 95355	CMP	0.00	4,766.93	0.00	4,766.93
Stones Phones 4113 Oliver Street Chevy Chase, MD 20815	LIT, PHO	0.00	6,709.43	0.00	6,709.43
Storefront Political Media 250 Sutter Street, Suite 650 San Francisco, CA 94108	LIT	0.00	11,107.60	0.00	11,107.60

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 0.00 \$ 22,583.96 \$ 0.00 \$ 22,583.96

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 27,583.96
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 27,583.96

May be a negative number
FPPC Form 460 (June/01)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2004	
through	09/30/2004	Page <u>5</u> of <u>5</u>

NAME OF FILER

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

I.D. NUMBER

1270860

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUB-VENDOR: Commonwealth Communications, Inc. 155 Sansome Street, #520 San Francisco, CA 94104	LIT \$3,907.00				
SUB-VENDOR: Admail West, Inc. 521 North 10th Street Sacramento, CA 95814	LIT \$838.00				
Lisa Tucker 25A Crescent Drive, #102 Pleasant Hill, CA 94523	CNS	0.00	5,000.00	0.00	5,000.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 0.00 \$ 5,000.00 \$ 0.00 \$ 5,000.00